## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIALNO.
10/589300

FILING DATE

PPLICANT(S)

| CLAIMS | ${f CL}$ | A | [M] | [S |
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| TOTAL<br>DEP.   |  | <b>+</b> [  | 14   | <b>+</b>   |                | •            |  |
| TOTAL<br>CLAIMS |  |             | 15   |  |                |              |  |
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| TOTAL<br>CLAIMS |        |             |  |              |  |               |                    |              |

PTO - 1360 (REV. 11/04)

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